



Editorial

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Editor, Hawaii Medical Journal

Watch the Wasabe!

Severe Palmar Hyperhidrosis treated by Transthoracic Endoscopic Sympathectomy

The manuscript by William Lau, Jeffrey Lee, Collin Dang, and Lorrin Lee deals with a unique surgical procedure to help the "quality of life". The authors performed the procedure on only eight patients to date, and despite some adverse effects of the surgery, all patients reported an improvement in their "quality of life".

This severe form of palmar hyperhidrosis is not just seen in the dermatologist's office. All physicians encounter patients with this sweating *in extremis* of the hands. Estimates of this condition range from 0.6-1% of the population.

It must be emphasized that transthoracic endoscopic sympathectomy should never be considered first-line treatment for palmar hyperhidrosis.

Most people who have hyperhidrosis are treated with conservative less aggressive methods, including:

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Medical School Hotline

The Geriatric Medicine Fellowship Program at the John A. Burns School of Medicine, University of Hawaii

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Program Director

Background: By the year 2030, one in five Americans will be 65 or older.¹ Public health measures and advancing medical science have combined to enable many more people to live out an ever increasing life expectancy. In social terms, this means that more families have a greater number of living generations, helping to root children in the cultural history of their own families. The social value of this phenomenon is immeasurable. The fastest growing segment of the population is those aged 85 and older. Life expectancy in Hawaii is the highest in the nation.²

In the 1970's the Institute of Medicine of the National Academy of Sciences concluded that Geriatric Medicine should be taught in medical schools and that it should emerge as a recognized specialty for teaching, research and practice. In the year 2000, a conservative estimate of the number of geriatricians needed was 30,000 nationally. However, there were only 9,000, making Geriatric Medicine a critical shortage specialty.^{3,4} Some states do not have any geriatricians, and some medical schools have been unable to fill faculty positions in geriatrics for years. In response to this national and Hawaii shortage, the Geriatric Medicine Fellowship Program was established in 1986 following the establishment of the Geriatric Medicine Program at the John A. Burns School of Medicine in 1984.⁵

The program began with 1 fellow, and has grown to 13 fellows each year in academic year 2001-2002. Funding for these 13 positions is from the following sources: Kuakini Medical Center, 5; Department of Veterans Affairs, 5; Kaiser, 1; the Queen's Medical Center, 1; and the PACE program at Maluhia, 1. One year of clinical training is required for eligibility for the Certificate of Added Qualifications (CAQ) in Geriatric Medicine. The fellowship program has been accredited continuously since 1987, the first year that accreditation was offered in this field.

The faculty in Geriatric Medicine has expertise in medical education, research, and clinical medicine. The core faculty now number 24, with expertise in Geriatric Medicine, Geriatric Psychiatry, Epidemiology, Neurology, and Cardiology. In addition, there are 14 associate faculty who participate in the educational experience of the fellows, with expertise in Gerontology, Geriatric Rehabilitation, Geriatric Dentistry, Audiology, Psychology, and Gerontechnology.

The Fellowship Program: Applicants for the program that leads to the Certificate of Added Qualifications (CAQ) in Geriatric Medicine must be residency trained and board eligible in either Internal Medicine or Family Practice. There are 2 tracks: a 1-year clinical track for those planning a career in primary care, and a 2- or 3- year academic track for those interested in research, medical education, medical administration, or consultative medicine. Initially, two

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years of training were required to take the (CAQ) examination in Geriatrics. In 1995, this requirement was reduced to one clinical year. However, additional years were highly recommended for those pursuing an academic career or consultative practice. The program has been filled every year. For the academic year 2001-2002, over 170 applications were received for 11 first-year fellowship positions.

The program has a comprehensive curriculum and written goals and objectives for each rotation. The program meets and exceeds the requirement for fellowship programs nationally.⁶ The fellows receive training in varied clinical settings, including hospital, outpatient, home care, and nursing home care. The training includes both primary care and consultations in Geriatric Medicine. By the end of the fellowship, fellows are well prepared to care for patients in many different settings.

Fellows spend approximately 8 hours a week in didactic activities. These include: case conferences; grand rounds; board review sessions; "core curriculum" lectures; weekly journal club; a 40-hour course in epidemiology; a 60-hour course in research methods and statistics; and seminars in evidence-based medicine, law and ethics, and end-of-life care. Field trips are organized to sites important to elder care, such as assisted living facilities, adult day care facilities, retirement communities, and care homes.

All fellows have longitudinal patient experiences for the entire duration of the fellowship and block rotations. A half-day each week is spent in a primary care clinic, where, under faculty supervision, the fellow functions as though they were the primary care physician. Most of these patients are well elders. Fellows are taught principles of preventive care in healthy elders. Similarly, each fellow is assigned a number of nursing home patients whom they follow for the entire duration of their training. These nursing home patients are usually very frail and emphasis is placed on excellence in end-of-life care.

The block rotations last approximately 2 months each, as follows:

- **The Kuakini Geriatric and Family Consultation Service:** A comprehensive outpatient interdisciplinary team evaluation service that provides consultation and short-term case management by referral from primary physicians.
- **Kuakini Medical Center Rotation:** This is an inpatient hospital rotation at Kuakini Medical Center. It includes primary care and hospital consultations.
- **Nursing Home Rotation:** The fellow performs nursing home consultations and receives instruction in medical directorship of nursing homes.
- **Kaiser HMO Rotation:** This rotation is designed to thoroughly familiarize the fellow with health care delivery to elders in an HMO setting. There are a range of experiences, including acute care, nursing home care, home care, and outpatient comprehensive consultations.
- **VA Outpatient/Home Care Rotation:** Experiences include primary care and the Geriatrics Evaluation and Management (GEM) clinic. Fellows also make home visits for frail elders.
- **VA Center For Aging (CFA) Rotation:** A long-term care and rehabilitation facility for veterans, where fellows receive experience in geriatric rehabilitation.

- **PACE Rotation:** The Program of All-Inclusive Care of the Elderly (PACE) at Maluhia is a state-sponsored program that serves a frail elderly population. Fellows work in several settings during this rotation, including outpatient, inpatient, day care, nursing home, and home care.
- **Queen's Medical Center Rotation:** Fellows work with both geriatricians and geriatric psychiatrists in hospital consultations and interdisciplinary management.

The second and third years of fellowship training are primarily academic years. Fellows plan and carry out independent research projects, usually in epidemiology or medical education. They also have the opportunity to earn advanced degrees, such as a Masters in Public Health, or a Ph.D. in Biomedical Sciences. To date, two fellows have completed an MPH degree, three have received an advanced certificate in Gerontology, and one has completed a Ph.D. in Biomedical Sciences. Two current fellows are working towards an MPH and are expected to graduate in May 2001.

Medical Student Education: A primary goal of the JABSOM Geriatric Medicine Program is to provide education for medical students and for residents in Internal Medicine, Family Practice, GYN and other specialties. The fellows supervise medical students and residents during their electives in Geriatric Medicine. They also serve as Problem-Based Learning (PBL) tutors for medical students during Unit 5, the life cycle section. To help them be better teachers, fellows are taught principles of effective clinical and didactic teaching, and participate in bedside teaching workshops.

Affiliated Programs:

- **John A. Hartford Center of Excellence in Geriatrics (COE):** A grant from the John A. Hartford Foundation to train academic geriatricians. (1997-2001, 2001-2004)
- **Pacific Islands Geriatric Education Center (GEC):** Funded by the Public Health Service for interdisciplinary geriatrics education. (1987-present)
- **Research Programs:** Fellows are involved in significant research programs, including: Honolulu Heart Program and Honolulu-Asia Aging Study, Women's Health Initiative, Women's Health Initiative Memory Study, Genetic Determinants of High Blood Pressure, Pacific Genetic Epidemiological Study of Aging (PACGEN), Macronutrients and Blood Pressure -Hawaii INTERMAP Center, Hawaii Diabetes Registry.
- **Geriatric Psychiatry Fellowship Program:** Both programs are collaborative efforts between the faculty in Geriatric Medicine and Geriatric Psychiatry (started in 1996).

Graduates of the Fellowship Program: To date there have been 50 graduates of the fellowship program; 32 completed 2 years of training and 18 completed 1 year. Twenty-one of the graduates have remained in Hawaii, 20 are on the mainland, 2 are in Canada, 1 is in Guam, and 6 are in other countries (2 in Japan, 1 each in Korea, Germany, Australia, Romania). Many of the fellows who left the U.S. intend to return after they have met their training visa requirements. Of the 50 graduates, 13 are full-time academic faculty, 2 are part-time academic faculty, 4 are at the VA, 3 are in HMOs, 1 is in

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the PACE program, 2 are in medical administration, 16 are in group practice, and 9 are in private practice. Because of the shortage of geriatricians, fellows are in great demand when they graduate and find good jobs at excellent salaries.

Future Directions: Leaders in geriatrics are now turning their attention towards increasing the education in geriatrics for all medical students and all residents. Since an increasing number and proportion of surgical patients are older and frail, it is important that residents in surgical subspecialties learn the principles of good geriatrics care.^{3,7} Subspecialty fellowship programs are also starting to integrate geriatric principles into their training, and there are some joint fellowships, such as Oncology and Geriatrics, and in Geriatric Cardiology.^{8,9} There is also significant interest from other disciplines for combined training, such as Gynecology and Geriatrics, and Orthopedics and Geriatrics. This trend is expected to continue, as graduates of these joint programs are essential.

In summary, the geriatrics fellowship program at JABSOM has grown and is one of the best and largest in the country. This has helped to improve clinical care of the elderly and teaching in geriatrics and has brought recognition for excellence to the school.

References:

1. Lubitz JD, Eggers PW, Gornick ME, Villafranca NP. Demography of Aging. Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine, 4th ed. 1999; Dubuque, Iowa, Kendall/Hunt Publishing Company; Cobbs EL, Duthie EH, Murphy JB eds.; pages 1-5.
2. Health Trends in Hawaii: A Profile of the Health Care System. Published by the HMSA foundation, 4th edition, 1999.
3. The Interdisciplinary Leadership Group of the American Geriatrics Society Project to Increase Geriatrics Expertise in Surgical and Medical Specialties. A Statement of Principles: Toward Improved Care of Older Patients in Surgical and Medical Specialties. J Am Geriatr Soc 2000; 48:699-701.
4. Blanchette PL, Flynn B. Manpower Shortage in Geriatric Medicine, Generations, Spring Issue, 2001, in press.
5. Blanchette PL. The role of geriatrics in medical education at the University of Hawaii. Hawaii Med J 1995; 54(5):536-7.
6. American Geriatrics Society Education Committee. Guidelines for fellowship training in geriatrics. J Am Geriatr Soc 1998; 46(11):1473-7.
7. Solomon DH, Burton JR, Lundebjerg NE, Eisner J. The New Frontier: Increasing Geriatrics Expertise in Surgical and Medical Specialties.
8. Rich MW, Hazzard WR, Cheitlin MD, Alpert JS. Integration of geriatrics into cardiology fellowship training programs: a joint position paper from the American Geriatrics Society and the Society of Geriatric Cardiology. J Am Geriatr Soc 1998; 46(7):921.
9. Bennett JM, Sahasrabudhe DM, Hall WJ. Medical oncology and geriatric medicine: is it time for fellowship integration? Cancer 1997; 80(7):1351-3.

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